MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2							52						
3		3		3	2		53						
4							54						
5						2	55						
6					-		56						
7					-	2	57						
8					-	-	58						
9					1		59						
10						1	60						
11						1	61						
12						1	62						
13						1	63						
14						1	64						
15							65						
16					1		66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1		3		TOTAL IND.						
TOTAL DEP.			8		11		TOTAL DEP.						
TOTAL CLAIMS			9		14		TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS